

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	ation of Gholam-I	D 7-d A				
		Reza Zadno-Azizi, et al.	CERTIFICATE	OF MAILING BY "EXP	RESS MAIL"	
Serial No.: 10/071,620			Date of Deposit 4	"Express Mail" Mailing Label Number EV260129742US Date of Deposit 4 24 03		
Filed: February 8, 2002			I hereby certify that this paper is being deposited with the United States Postal "Express Mail Post Office to Addressee" Service			
Examiner: \	Urmi Chattopadh	yay)	under 37 C.F.R. § 1. to:	10 on the date indicated	above and addres:	
Group Art U	Jnit: 3738	}	Commissioner for Patents U.S. Patent and Trademark Office			
or: BODY FLUID FLOW CONTROL DEVICE			P.O. Box 2327 Arlington, VA 22202 4 24 03 Date	Page the Company of t	>	
			<u>SMITTAL</u>	RECE MAY 0 1 TECHNOLOGY CEN	2003	
Sir:				-71	VIER R3700	
_ <u>x</u>	Return Pos Request for Revocation Calculation No addition	Iso enclosed are: tcard Interference Under 37 C.F.R. § of Prior Power of Attorney al claim fee is required. t increases number of claims ADDITIONAL CLAI	. ,			
			WI FEE CALCULATION			
		Claims After Amendment Less Number Paid For	Number Extra	Rate	Fee	
Total Claim	ms	Claims After Amendment	T	I	Fee \$.00	
Independe	ent Claims	Claims After Amendment Less Number Paid For	Number Extra	Rate		
Independe If less than	ent Claims n zero, enter "0".	Claims After Amendment Less Number Paid For $10 - 20 = 0$ $1 - 3 = 0$ Additional	Number Extra 0 0 Claim Fee	Rate x \$ 18/9 = x \$ 84/42 =	\$.00 \$.00 \$0.00	
Independe If less than	ent Claims n zero, enter "0". As a small e	Claims After Amendment Less Number Paid For 10 - 20 = 0 1 - 3 = 0	Number Extra 0 0 Claim Fee reduction in fees:	Rate x \$ 18/9 = x \$ 84/42 =	\$.00 \$.00 \$0.00 \$0.00	
Independe If less than X If less than	ent Claims n zero, enter "0". As a small e Applicant he to Rule 1.13	Claims After Amendment Less Number Paid For 10 - 20 = 0 1 - 3 = 0 Additional entity applicant is entitled to a 50% ereby petitions for an Extension of 36(a). Fee required \$	Number Extra 0 0 Claim Fee % reduction in fees: of Time of month, p	Rate x \$ 18/9 = x \$ 84/42 =	\$.00 \$.00 \$0.00 \$0.00 \$0.00	
Independe * If less than 3X 4	ent Claims n zero, enter "0". As a small of the Applicant horal to Rule 1.13 Other fees of the Applicant of Fees A check in the Applicant of the Applicant of Fees	Claims After Amendment Less Number Paid For 10 - 20 = 0 1 - 3 = 0 Additional entity applicant is entitled to a 50% ereby petitions for an Extension of 36(a). Fee required \$	Number Extra 0 0 Claim Fee	Rate x \$ 18/9 = x \$ 84/42 =	\$.00 \$.00 \$0.00 \$0.00 \$0.00 \$0.00	
Independe * If less than 3. X 4 5 6. Pay	As a small of Applicant he to Rule 1.13 Other fees a A check in to Charge Department of Char	Claims After Amendment Less Number Paid For 10 - 20 = 0 1 - 3 = 0 Additional entity applicant is entitled to a 509 ereby petitions for an Extension of 36(a). Fee required \$	Number Extra 0 0 Claim Fee 6 reduction in fees: of Time of month, p Due amount of \$. A duplicate the may be required under the may be required to the may be required under the may be required to the may be required	Rate x \$ 18/9 = x \$ 84/42 = oursuant e of this transmittal s (or credit any ove	\$.00 \$.00 \$0.00 \$0.00 \$0.00 \$0.00 is_	